

# Forgotten Dependents, Inc.

## Application for Scholarship

Name of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell/Work Number \_\_\_\_\_

Name of Current School Attending & Address \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

Institute You're Attending or Planning to Attend & Address \_\_\_\_\_

Branch of Military of Deceased Veteran (if applicable) \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Deceased Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

To be eligible for a scholarship award, all documents must be presented by April 1.

- |   |                             |
|---|-----------------------------|
| ➤ MY STORY essay of 500 words or less   | Attached Yes _____ No _____ |
| ➤ High school or college transcripts.   | Attached Yes _____ No _____ |
| ➤ Results of SAT or ACT optional.   | Attached Yes _____ No _____ |
| ➤ Letter of acceptance from a four-year college or university.                        | Attached Yes _____ No _____ |
| ➤ Copy of the military form DD-214 and the soldier's death certificate.               | Attached Yes _____ No _____ |
| ➤ One or two letters of reference   | Attached Yes _____ No _____ |
| ➤ A letter in the your own words, expressing current educational goals and objectives | Attached Yes _____ No _____ |

The application must be signed to process & selection of award winners is the sole discretion of Forgotten Dependents, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_